

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 4

Primary Registration District No. 3007

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Butler County
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lynn Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether)
In this community 1 day (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME Unnamed infant, Raymond
and Daisy Lightfoot
3. (b) If veteran, Social Security name war. No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Raymond 6. (c) Age of husband or wife if alive 1943 years
7. Birth date of deceased May 9 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 hrs 0 min.

9. Birthplace Holcomb Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Raymond Lightfoot
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Daisy Louise
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Lightfoot

(b) Address Holcomb, Mo. H-1

17. (a) Burial (b) Date thereof 5-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lloyd Cemetery

18. (a) Signature of funeral director None

(b) Address None

19. (a) 5-15-43 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Holcomb "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1943 hour 2 minutes 0-0 M.

21. I hereby certify that I attended the deceased from May 9 to May 10, 1943
that I last saw him alive on May 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia
Due to Premature 5 1/2 mo.

Due to None

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: 159
Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (e) Means of injury None

23. Signature Belle Turner (M. D. or other)
Address Poplar Bluff Mo Date signed 5-14-43

RECEIVED

District Health Office No. 2,

District File Number 643-702

Date Filed 6-1-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.